

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0034 Expires 12/31/02  
GSA No. 0248-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

# Notification of Regulated Waste Activity

  
EPA United States Environmental Protection Agency

Date Received  
SEP 06 2002  
RECEIVED  
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input type="checkbox"/> A. Initial Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number
		CAD073586463

II. Name of Installation (Include company and specific site name)

NEWPORT PRECISION OPTICS INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
1931 DEERE AVENUE

Street (Continued)

City or Town	State	Zip Code
IRVINE	CA	92606-

County Code	County Name
OR	ORANGE COUNTY

IV. Installation Mailing Address (See instructions)

Street or P.O. Box  
1791 DEERE AVENUE

City or Town	State	Zip Code
IRVINE	CA	92606-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)	(First)
CRISOSTOMO	DON
Job Title	Phone Number (Area Code and Number)
FACILITIES SUPV	949-955-8536

VI. Installation Contact Address (See instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
City or Town	State	Zip Code
		-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner  
NEWPORT CORPORATION

Street, P.O. Box, or Route Number  
1791 DEERE AVENUE

City or Town	State	Zip Code				
IRVINE	CA	92606-				
Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	Date Changed		
949-863-3144	P	P	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month	Day	Year
				07	19	2002

8C hrs 9/20/02  
SL/ais 9-17-02 RE  
WPL/olh

OM  
PC

✓

ID - For Official Use Only									

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)**

<p style="text-align: center;"><b>A. Hazardous Waste Activities</b></p> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p style="border: 1px solid black; width: 100px; height: 15px; margin-left: 20px;"></p>	<p style="text-align: center;"><b>C. Used Oil Management Activities</b></p> <p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
<p><b>B. Universal Waste Activity</b></p> <p><input type="checkbox"/> Large Quantity Handler of Universal Waste</p>	

**IX. Description of Hazardous Wastes (Use additional sheets if necessary)**

**A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)**

1 D002	2 F003	3 D001	4	5	6
7	8	9	10	11	12

**B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)**

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)**

1	2	3	4	5	6
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**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Russell R. Hill</i>	Name and Official Title (Type or print) RUSSELL R. HILL SR. FACILITIES MANAGER.	Date Signed 8/27/02
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**XI. Comments**

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



**Newport**

Newport Corporation  
1791 Deere Avenue  
Irvine, CA 92606  
Fax: (949) 253-1800  
Tel: (949) 863-3144

August 26, 2002

U.S. EPA Region 9  
RCRA Notification  
75 Hawthorne Street  
(WST-6/Tetra-Tech)  
San Francisco, CA 94105

Subject: Notification of Regulated Waste Activity  
1931 Deere Avenue  
Irvine, CA 92606

To Whom It May Concern:

On July 19, 2002, Newport Precision Optics, Inc. has occupied an existing facility at the above-subject address. The site is an existing facility that was previously issued an EPA ID number to the previous occupants.

Our operations will be generating hazardous wastes, and to this regard, we are submitting the enclosed Notification of Regulated Waste Activity EPA Form 8700-12. The EPA ID number to be issued to Newport Precision Optics, Inc. at the above-mentioned location.

I am the contact person at this site, and can be reached at (949) 955-8536 should you have any question regarding this application.

Sincerely,

Don Crisostomo  
Facilities Supervisor  
Newport Precision Optics, Inc.

Enclosures:

Cc: Russ Hill/Facilities Manager – Newport Corporation

RCRIS Notification Data Change Form

EPA Id: CAD 073 586 463

Date Received: 2-20-92 Source(N/E/S): N Non-Notifier Flag: \_\_\_

Name of Installation: VISION SPORTS HOLDING CORP

Installation Location Address

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County Code: \_\_\_\_\_ County Name: \_\_\_\_\_

Installation Mailing Address

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information

Last Name First Name Title Phone Address(M,L,O)
DORFMAN LOUIS PRESIDENT 714 263 9333

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Land Type: R

Owner/Operator Information

Owner: LOUIS B DORFMAN Type of Owner: \_\_\_\_\_

Streets: 1931 DEERE AVE

City: IRVINE State: \_\_\_\_\_ Zip: 92714

Phone: 714 263 9333

Current/Previous Indicator: CO Change Date: 11/1/91

Table with 6 columns: Waste Activity, Type, RCRA Reg Status, RCRA Reg Desc, State Reg Status, State Reg Desc. Rows include Generator, Transporter, TSD, Burner/Blender.

HWF Market to Burner \_\_\_ HWF Other Market \_\_\_ HWF Burner \_\_\_
OSO Market to Burner \_\_\_ OSO Other Market \_\_\_ OSO Burner \_\_\_
SO ACT: \_\_\_

Burner Type: Utility Boiler \_\_\_ Industrial Boiler \_\_\_ Furnace \_\_\_

Underground Injection Control: \_\_\_

Recycler: \_\_\_

Mode of Transportation: Air \_\_\_ Rail \_\_\_ Highway \_\_\_ Water \_\_\_ Other \_\_\_

Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical

P001
F003 (REMOVE U002)
F005

Name Change: X Old Name: ERICSON YACHTS INC

FINDS Staff: \_\_\_\_\_

Notif. Staff: RWS

Date Changed: \_\_\_\_\_

Date Changed: 3-4-92

2/20/92

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

2/20/92

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

CAD073586463

FINDS

**II. Name of Installation (Include company and specific site name)**

VISION SPORTS HOLDING CORP

✓

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

1931 DEERE AVE

Street (continued)

NO

City or Town

IRVINE

State

CA

ZIP Code

92714-

County Code

County Name

ORANGE COUNTY

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box

1931 DEERE AVE

City or Town

IRVINE

State

CA

ZIP Code

92714-

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (last)

DORFMAN

(first)

LOUIS

Job Title

PRESIDENT

Phone Number (area code and number)

714-263-9333

**VI. Installation Contact Address (See Instructions)**

A. Contact Address  
Location Mailing



B. Street or P.O. Box

1931 DEERE AVE

City or Town

IRVINE

State

CA

ZIP Code

92714-

**VII. Ownership (See Instructions)**

A. Name of Installation's Legal Owner

LOUIS B DORFMAN

Street, P.O. Box, or Route Number

1931 DEERE AVE

City or Town

IRVINE

State

CA

ZIP Code

92714-

Phone Number (area code and number)

714-263-9333

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)  
Month Day Year

2

ID - For Official Use Only									

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify <input type="text"/></p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) who First Claims the Oil Meets the Specification</p>

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)  2. Corrosive (D002)  3. Reactive (D003)  4. EP Toxic (D008)  *over PWS*  
(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Louis B. Dorfman</i>	Name and Official Title (type or print) LOUIS B. DORFMAN PRESIDENT	Date Signed 2-4-92
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**XI. Comments**

250 POUNDS (APPX) WASTE PAINT  
LACQUER THINNER PER MONTH

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
4002	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

1. IGNITABLE (D001)     
  2. CORROSIVE (D002)     
  3. REACTIVE (D003)     
  4. TOXIC (D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
<i>Victor G. Ponder</i>	VICTOR G. PONDER - CONTROLLER	7/23/80



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
 REGION IX  
 215 Fremont Street  
 San Francisco, Ca. 94105

Dear Notifier:

Our records indicate two EPA Identification Numbers have been issued at the following address:

1931 Deere Avenue  
Irvine, CA 92714

It is important that you fill out the bottom portion of this form. State your EPA ID# and other information in order for us to update your records. If you have any questions, call Ron Moore at (415) 974-8445.

Send form to: US EPA/CSC (T-1-2)  
 215 Fremont Street, 6th Floor  
 San Francisco, CA 94105  
 ATTN: RON MOORE

\* FAILURE TO RESPOND MAY RESULT IN DEACTIVATION OF YOUR EPA ID NUMBER \*

Return Form No Later Than: 31 JUL 1989

EPA ID#: CAD 073586463

Name of Facility: ERICSON YACHTS, INC

Installation Mailing Address: 1931 DEERE AVENUE  
IRVINE, CA 92714

Location of Installation: SAME

Installation Contact: N MALONE Phone: (714) 250-7000

Ownership: GENE KOHLMANN

If you are a GENERATOR, please check the appropriate box(es) below to determine the amount of Hazardous Waste you produce per month.

100 - 1000 kgs (220 - 2200 lbs) of EPA regulated waste (27 - 300 gals.)

Any amount of STATE Waste: Asbestos, oils, gasoline/soll, PCB's, etc.

1000 kgs (2200 lbs) or more per month or over 300 gals. of EPA regulated waste

Less than 100 kgs (220 lbs) of EPA regulated waste 27 gals. or less per month

Signature: N. Malone

Date: 7-20-89

Title: Executive Assistant